

\_\_\_\_\_ BILL NO. \_\_\_\_\_

INTRODUCED BY \_\_\_\_\_

(Primary Sponsor)

A BILL FOR AN ACT ENTITLED: "AN ACT REPEALING THE "HEALTHY MONTANA KIDS PLAN ACT"; REVERTING TO THE PREVIOUS PROPORTION THE AMOUNT OF THE INSURANCE PREMIUM TAX DEPOSITED IN THE GENERAL FUND; REVERTING TO PREVIOUS TERMS THE CHILDREN'S HEALTH INSURANCE PROGRAM; AMENDING SECTIONS 33-2-708, 53-4-1004, AND 53-6-131, MCA; REPEALING SECTIONS 53-4-1101, 53-4-1102, 53-4-1103, 53-4-1104, 53-4-1105, 53-4-1108, 53-4-1109, 53-4-1110, AND 53-4-1115, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1.** Section 33-2-708, MCA, is amended to read:

**"33-2-708. Fees and licenses.** (1) (a) Except as provided in 33-17-212(2), the commissioner shall collect a fee of \$1,900 from each insurer applying for or annually renewing a certificate of authority to conduct the business of insurance in Montana.

(b) The commissioner shall collect certain additional fees as follows:

(i) nonresident insurance producer's license:

(A) application for original license, including issuance of license, if issued, \$100;

(B) biennial renewal of license, \$50;

(C) lapsed license reinstatement fee, \$100;

(ii) resident insurance producer's license lapsed license reinstatement fee, \$100;

(iii) surplus lines insurance producer's license:

(A) application for original license and for issuance of license, if issued, \$50;

(B) biennial renewal of license, \$100;

(C) lapsed license reinstatement fee, \$200;

(iv) insurance adjuster's license:

(A) application for original license, including issuance of license, if issued, \$50;

(B) biennial renewal of license, \$100;

(C) lapsed license reinstatement fee, \$200;

(v) insurance consultant's license:

(A) application for original license, including issuance of license, if issued, \$50;

(B) biennial renewal of license, \$100;

(C) lapsed license reinstatement fee, \$200;

(vi) viatical settlement broker's license:

(A) application for original license, including issuance of license, if issued, \$50;

(B) biennial renewal of license, \$100;

(C) lapsed license reinstatement fee, \$200;

(vii) resident and nonresident rental car entity producer's license:

(A) application for original license, including issuance of license, if issued, \$100;

(B) quarterly filing fee, \$25;

(viii) an original notification fee for a life insurance producer acting as a viatical settlement broker, in accordance with 33-20-1303(2)(b), \$50;

(ix) 50 cents for each page for copies of documents on file in the commissioner's office.

(c) The commissioner may adopt rules to determine the date by which a nonresident insurance producer, a surplus lines insurance producer, an insurance adjuster, or an insurance consultant is required to pay the fee for the biennial renewal of a license.

(2) (a) The commissioner shall charge a fee of \$75 for each course or program submitted for review as required by 33-17-1204 and 33-17-1205, but may not charge more than \$1,500 to a sponsoring organization submitting courses or programs for review in any biennium.

(b) Insurers and associations composed of members of the insurance industry are exempt from the charge in subsection (2)(a).

(3) (a) ~~Except as provided in subsection (3)(b), the~~ The commissioner shall promptly deposit with the state treasurer to the credit of the general fund all fines and penalties and those amounts received pursuant to 33-2-311, 33-2-705, 33-28-201, and 50-3-109.

~~(b) The commissioner shall deposit 33% of the money collected under 33-2-705 in the special revenue account provided for in 53-4-1115.~~

~~(e)(b)~~ All other fees collected by the commissioner pursuant to Title 33 and the rules adopted under Title 33 must be deposited in the state special revenue fund to the credit of the state auditor's office.

(4) All fees are considered fully earned when received. In the event of overpayment, only those amounts

1 in excess of \$10 will be refunded."

2  
3 **Section 2.** Section 53-4-1004, MCA, is amended to read:

4 **"53-4-1004. (Temporary) Eligibility for program -- rulemaking.** (1) To be considered eligible for the  
5 program, a child:

6 (a) must be 18 years of age or younger;

7 (b) must have a combined family income at or below ~~250%~~ 175% of the federal poverty level or at a  
8 lower level determined by the department of public health and human services as provided in subsection (4);

9 (c) may not already be covered by private insurance that offers creditable coverage, as defined in 42  
10 U.S.C. 300gg(c), ~~for 3 months prior to enrollment in the program or since birth, whichever period is less;~~

11 (d) may not be eligible for medicaid benefits; and

12 (e) must be a United States citizen or qualified alien and a Montana resident.

13 (2) The department of public health and human services shall adopt rules that establish the program's  
14 criteria for residency. The criteria must conform as nearly as practicable with the residency requirements for  
15 medicaid eligibility.

16 (3) Subject to 53-4-1009(3), rules governing eligibility may also include financial standards and criteria  
17 for income and resources, treatment of resources, and nonfinancial criteria.

18 (4) If the department determines that there is insufficient funding for the program, it may lower the  
19 percentage of the federal poverty level established in subsection (1)(b) in order to reduce the number of persons  
20 who may be eligible to participate or may limit the amount, scope, or duration of specific services provided.  
21 (Terminates on occurrence of contingency--sec. 15, Ch. 571, L. 1999; ~~sec. 14, I.M. No. 155, approved November~~  
22 ~~4, 2008.~~)"

23  
24 **Section 3.** Section 53-6-131, MCA, is amended to read:

25 **"53-6-131. Eligibility requirements.** (1) Medical assistance under the Montana medicaid program may  
26 be granted to a person who is determined by the department of public health and human services, in its  
27 discretion, to be eligible as follows:

28 (a) The person receives or is considered to be receiving supplemental security income benefits under  
29 Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., and does not have income or resources in excess  
30 of the applicable medical assistance limits.

1 (b) The person would be eligible for assistance under the program described in subsection (1)(a) if that  
2 person were to apply for that assistance.

3 (c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, the  
4 person would be receiving assistance under the program in subsection (1)(a).

5 (d) The person is under 21 years of age and in foster care under the supervision of the state or was in  
6 foster care under the supervision of the state and has been adopted as a child with special needs.

7 (e) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(d) and:

8 (i) the person's income does not exceed the income level specified for federally aided categories of  
9 assistance and the person's resources are within the resource standards of the federal supplemental security  
10 income program; or

11 (ii) the person, while having income greater than the medically needy income level specified for federally  
12 aided categories of assistance:

13 (A) has an adjusted income level, after incurring medical expenses, that does not exceed the medically  
14 needy income level specified for federally aided categories of assistance or, alternatively, has paid in cash to the  
15 department the amount by which the person's income exceeds the medically needy income level specified for  
16 federally aided categories of assistance; and

17 (B) has resources that are within the resource standards of the federal supplemental security income  
18 program.

19 (f) The person is a qualified pregnant woman or child as defined in 42 U.S.C. 1396d(n).

20 ~~(g) The person is under 19 years of age and lives with a family having a combined income that does not~~  
21 ~~exceed 185% of the federal poverty level. The department may establish lower income levels to the extent~~  
22 ~~necessary to maximize federal matching funds provided for in 53-4-1104.~~

23 (2) The department may establish income and resource limitations. Limitations of income and resources  
24 must be within the amounts permitted by federal law for the medicaid program. ~~Any otherwise applicable eligibility~~  
25 ~~resource test prescribed by the department does not apply to enrollees in the healthy Montana kids plan provided~~  
26 ~~for in 53-4-1104.~~

27 (3) The Montana medicaid program shall pay, as required by federal law, the premiums necessary for  
28 medicaid-eligible persons participating in the medicare program and may, within the discretion of the department,  
29 pay all or a portion of the medicare premiums, deductibles, and coinsurance for a qualified medicare-eligible  
30 person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of the federal Omnibus

1 Budget Reconciliation Act of 1989, Public Law 101-239, who:

2 (a) has income that does not exceed income standards as may be required by the Social Security Act;  
3 and

4 (b) has resources that do not exceed standards that the department determines reasonable for purposes  
5 of the program.

6 (4) The department may pay a medicaid-eligible person's expenses for premiums, coinsurance, and  
7 similar costs for health insurance or other available health coverage, as provided in 42 U.S.C. 1396b(a)(1).

8 (5) In accordance with waivers of federal law that are granted by the secretary of the U.S. department  
9 of health and human services, the department of public health and human services may grant eligibility for basic  
10 medicaid benefits as described in 53-6-101 to an individual receiving section 1931 medicaid benefits, as defined  
11 in 53-4-602, as the specified caretaker relative of a dependent child under the section 1931 medicaid program.  
12 A recipient who is pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C.  
13 416, et seq., or is less than 21 years of age is entitled to full medicaid coverage, as provided in 53-6-101.

14 (6) The department, under the Montana medicaid program, may provide, if a waiver is not available from  
15 the federal government, medicaid and other assistance mandated by Title XIX of the Social Security Act, 42  
16 U.S.C. 1396, et seq., as may be amended, and not specifically listed in this part to categories of persons that may  
17 be designated by the act for receipt of assistance.

18 (7) Notwithstanding any other provision of this chapter, medical assistance must be provided to infants  
19 and pregnant women whose family income does not exceed 133% of the federal poverty threshold, as provided  
20 in 42 U.S.C. 1396a(a)(10)(A)(ii)(IX) and 42 U.S.C. 1396a(l)(2)(A)(i), and whose family resources do not exceed  
21 standards that the department determines reasonable for purposes of the program.

22 (8) Subject to appropriations, the department may cooperate with and make grants to a nonprofit  
23 corporation that uses donated funds to provide basic preventive and primary health care medical benefits to  
24 children whose families are ineligible for the Montana medicaid program and who are ineligible for any other  
25 health care coverage, are under 19 years of age, and are enrolled in school if of school age.

26 (9) A person described in subsection (7) must be provided continuous eligibility for medical assistance,  
27 as authorized in 42 U.S.C. 1396a(e)(5) through a(e)(7).

28 (10) Full medical assistance under the Montana medicaid program may be granted to an individual during  
29 the period in which the individual requires treatment of breast or cervical cancer, or both, or of a precancerous  
30 condition of the breast or cervix, if the individual:

(a) has been screened for breast and cervical cancer under the Montana breast and cervical health program funded by the centers for disease control and prevention program established under Title XV of the Public Health Service Act, 42 U.S.C. 300k, or in accordance with federal requirements;

(b) needs treatment for breast or cervical cancer, or both, or a precancerous condition of the breast or cervix;

(c) is not otherwise covered under creditable coverage, as provided by federal law or regulation;

(d) is not eligible for medical assistance under any mandatory categorically needy eligibility group; and

(e) has not attained 65 years of age."

**NEW SECTION.** **Section 4. Repealer.** Sections 53-4-1101, 53-4-1102, 53-4-1103, 53-4-1104, 53-4-1105, 53-4-1108, 53-4-1109, 53-4-1110, and 53-4-1115, MCA, are repealed.

**NEW SECTION.** **Section 5. Saving clause.** [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this act].

**NEW SECTION.** **Section 6. Effective date.** [This act] is effective on passage and approval.

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